TO HOPPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect. within 24 hours after of death 1964 may be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparedly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

HIVISION OF	STATISTICAL	ARYLANI DESEARCH A	STATE DE	EPARTMENT	OF HEAL	TH . BALTIMORE	1. MARYLA	AND
127		CI	RTIFICAT	E OF DEA	TH		12705	
	WARD outside corporate limit	s, c. LEI	MARYLAND	e. STATE	MD.	decessed lived, If In b. COUNT	Howa	-1
d. NAME OF HOSPITA		not in hospitel, gi	YRS ve street eddress)	d. STREET AL	VOCA	AVE	•	IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO NO
NAME OF DECEASED (Type or print)	ARVE 6. COLOR OR RACE		Middle	B. DATE OF BIRTH	4. DATE OF DEAT	9. AGE (In years	Day 2 FUNDER 1 YEAR Months Days	19 6 / IF UNDER 24 HRS. Hours Min.
00. USUAL OCCUPATION of work of World Occupation of World Occupati	ON (Give kind of work king life, even if refire BINET MAN		BUSINESS OR INDU	Vos.	(County & State,	orloreign country)	12. CITIZEN OF	WHAT COUNTRY?
5. WAS DECEASED EVE Yes, no, or unkown) (If			SECURITY NO. 17	UNK. INFORMANT IR.EDWAR	NOWN	Address ERT, 21	AVOCA	AUE
PART I. DEATH	te cause	MYOO	andial	insuffice cardio	ciency vascula	r diseas	ON	ERVAL BETWEEN SET AND DEATH
(a), steting the unceusa lest. PART II. OTHER 20e. ACCIDENT WA OR CONTRIBUTING [SIGNIFICANT CONDITIONS S UNDERLYING			NOT RELATED TO THE				PERFORMED?
(IF EITHER, NOTIFY and a second a second and	MEDICAL EXAMINER)	WhileNo		PLACE OF INJURY (Ho lactory, street, office bl	dg., etc.)	City or town)	(County)	(Stete)
saw the decease	at (I) (this hospited alive on	al) attended the	ne deceased from	ATTENDING PHYS.	at 8.30 M, fro MED. DIRECTOR	om the causes a		
22c. PHYSICIAN'S NAME (Type) 3e. BURIAL, CREMATIC REMOVAL (Specify)	DN, 23b. DATE THER	A. Kn/ ROF 23c.	PP M. NAME OF CEMETER UDON P	D. 4116 AY OR CREMATORY CENTU	Edmo	ecation (City, low	Ave B	Ralto Ma
4 FUNERAL DIRECTOR	S SIGNATURE	FDM	ADDRESS AIDSON		Sa. REC'D BY REG		STRAR'S SIGNAT	URE

Course P. St. M STATOCK ADE JAR DI AND STATE OF THE S THE MAN PRINCEST STADOLLAS The state of the state of the sales of the s The state of the second of the second The state of the s The state of the second of the state of the state of the MITTER EFERMINE ELMONICSON SILE MONEY TOUR

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page Health STATE b. COUNTY ny delay is necessary, Maryland Prince George ne funeral director. Pagestained for your files. HOWARD MARYLAND b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest fown) write RURAL and give nearest town) retained for your 8 9304 Wellington Street Ellicott City 70 d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE Boar ON A FARM? with the State I YES NO K 37 Allview Drive Lanham, Maryland NAME OF Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 19 61 MINNIE CHERTER BOYER 99 may be 2 with t 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 1, 2, and 3 ige 5 may b and 2 with 72 hours affi last birthday) Months Devs Hours Min. June 13, 1896 65 Whi te WIDOWED [DIVORCED Female YES. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2, the form PM3. Page 5 done during most of working life, even if retirad) U.S.A. Own Home Michigan Housewife pages 1 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME William Currier Unknown File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yesgive weror detes of service) permit. 217-28 -8018with any no James W. Bover Same as above #2 executed in Item 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN rd "pending" in pencil in Ite If Examiner's Office along w be used as a burial-transit pr nation, or removal, and in a ONSET AND DEATH DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) certificate should be DUE TO Conditions, if any, which geve rise to immediate causa DUE TO (e), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIa): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be u ess execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO MEDICAL EXAMINER: This 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. buri MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 While Not While Hour e.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Natural causes Suicide Undetermined manner death resulted from Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE UIL DEPUTY MEDICAL EXAMINER EXAMINER'S PETER W. RIECKERT, M.D. Med. Investigator, city, lown, or county) NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF Remptown Methodist 22d. LOCATION (City, town, or country) (State REMOVAL (Specify) Kemptown, Md. 40 Ö Burial 11/7/61 Church Cemetery 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

Hyattsville, Maryland NOV 9

without & Firens

VS. A1SME 5M 9/60

Francis Gasch's Sons

DUTSI AD			1271x
	hadrest		
6 1 100 744	und moscopillo symbol.		
	, <u>, , , , , , , , , , , , , , , , , , </u>		ovid waivifu to
	A THE RESERVE OF THE PARTY OF T		
	a seculative		3) WOLLD
	ar on Ed		
	The second in terms		
	send the fulfillence should		
441	Taylor Valar	. B. XE. T. BE , WHILE AND	
	anne de la companya d	重(Pot Completion) で見れ	Activity daily
	W-R WW bearview	. 5.11. V 113.5V= 81	Francis Cascala Bon

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission), elay is necessary, and director. Page of for your files. Board of Health, e. COUNTY a. STATE b. COUNTY Howard MARYLAND Maryland Baltimore b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give naarest town) #29 # mi. S. of Rt. 40 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE delay ON A FARM? funeral retained he State 3901 Flowerton Road - Balto. YES NO NAME OF Middle 4. DATE Month Dey DECEASED the (Type or print) DEATH TDA SUSAN BUCCI 1961 Pe er death with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with last birthday) Months Days Min. Hours age 5 ma and 2 v 72 hours Female White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page dona during most of working life evan if ratired) Pages pages | within PM3. 13. FATHER SNAME MOTHER'S MAIDEN NAME 8. Give it. File form 15. WAS DECEASED EVER IN U.S. ARMED SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyasgivawerordatasofservica permit. with any in Item certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN .5 Examiner's Office along ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: and Multiple traumatic injuries IMMEDIATE CAUSE (a) "pending" in pencil removal, DUE TO Conditions, if eny, which (b) gava rise to immediata cause Ø DUE TO 98 (e), steting the underlying 0 cause lest. used mation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pe execute the certificate, writing the word Medical NO pluods Crer 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar netura of injury in Pert I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING Page 3 sho CAUSE OF DEATH t control of car while passing several cars on Rt.

20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Lost control of Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year (Stete) factory, street, office bldg., etc.) Whila Not While forwarded to the L DIRECTOR: P. at work Y 5:10 p.m. 11-1-19 61 at work Rt. prior Howard Highway Marvland 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion agent, death resulted from: Suicide Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 11-2-61 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) HOWARD G. SHAUB, M.D. Addrass (Straet, city, town, or county) OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 0 VS. A15ME Circling S. House

1900 - Stephylot aged - Notto 1920 mil CHARLES IN DESIGNATION OF THE PARTY OF THE P colleges as turned with the Miss. idi. co caro fareve e gardenar ella vicano lo kondeso deol. The section TATIO A SHEET BEING

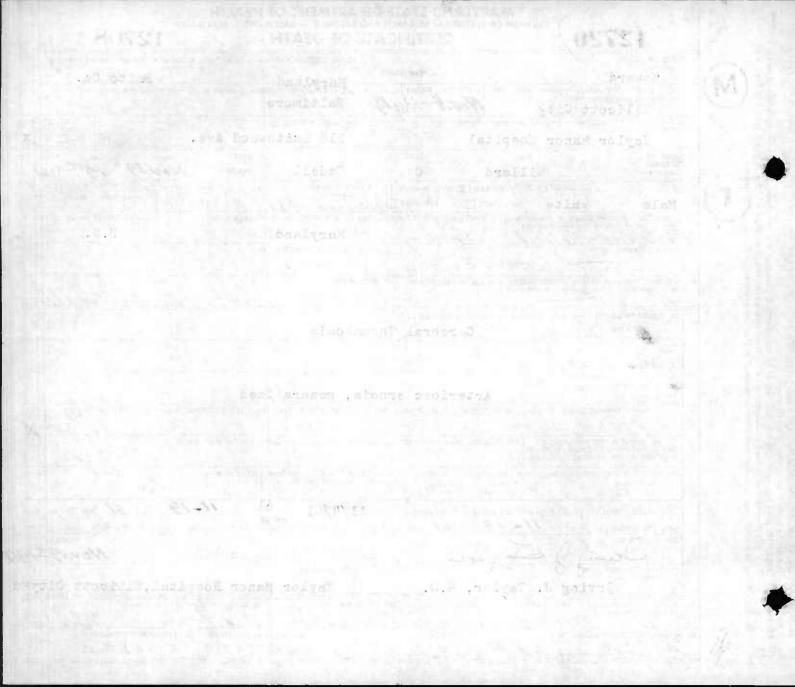
12720

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12708

1. PLACE OF DEATH d. COUNTY Howard MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Balto Co.
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY ON TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Ellicott City Nov. 4 - Nov.	Baltimore 13x.2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Taylor Manor Hospital	118 Smithwood Ave.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Willard C	Cadell DEATH Nov.19 19th 1964
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	14 June 1881 So yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Electrician - Retired Contracting	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- CADELL	- Food
	INFORMANT Address
(If yes, give war or dates of service)	This Willord C. Carell 118 Smithwood (ve.
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Cerebral Th	rombosis ONSET AND DEATH
DUE TO	
Conditions, if any, which)	
gave rise to immediate DUSTO	
1 Couse (g), stating the under-	sis, generalized
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATIO	PERFORMED? YES NO 127
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter noture of injury in Part I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
10 White City white C	factory, street, office bldg., etc.)
	12/4/61 161 to 11-19 196/ that (1) (we) last
21. I certify that (I) (this haspital) attended the deceased fram	
saw the deceased alive an 1991, and that	death accurred at 5-4M, from the causes and an the date stated above.
- 0 - 0	M.D. ATTENDING MED. STAFF PHYS. Nov. 19 PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Irving J. Taylor, M.D.	Taylor Manor Hospital, Ellicott CityM
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	4 6 18.17 .77 /1
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
ADDRESS INTERIORS	DATE MOV 2 4 '61 Carthur & Kinus
- appen - construction (a/ons 01/16	JAME HATE T

TO HOS VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12721

CERTIFICATE OF DEATH

Reg. Dist. No. 2709

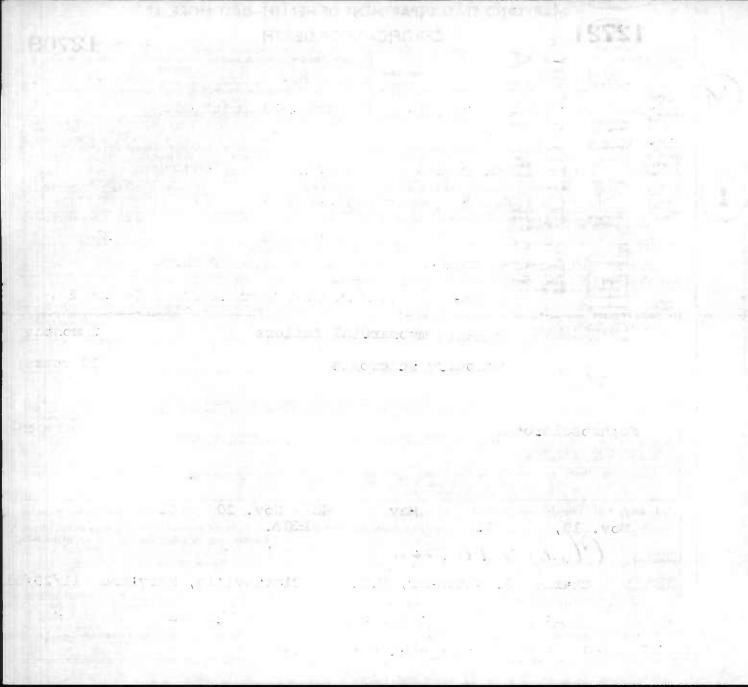
1. PLACE OF DEATH o. COUNTY HOT	ward	MAR	RYLAND	o. STATE Md	(Where deceased	lived. If instituti b. COUNTY		-	ission)
b. CITY OR TOWN (If o RURAL and give near Rural-Ell:	est town)	-		c. CITY OR TOWN	(If outside corpore			give nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION Homewood				d. STREET ADDRES	SS			ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Mary	Middl C. Randol	le	Carroll	4. DATE OF DEATH	Novemb		19	Year 1961
5. SEX F	TAT	MARRIED NEVER MARE		pt. 13, 18		9. AGE (In years pirthdoy) yrs.	1	1 YEAR IF UN Days Hour	DER 24 HRS.
None 3. FATHER'S NAME	g life, even if retired)	10b. KIND OF BUSINESS		Califo: 4. MOTHER'S MAID	rnia EN NAME	Terhune		USA	COUNTRY
5. WAS DECEASED EVER II		S? 16. SOCIAL SECURITY N		RMANT . Randol		Add 1 929 1	ress	ard S	t.
Conditions, if ony, gave rise to imm couse (o), stoting the lying couse last. PART II. OTHER	e under- DUE TO (c)	Chronic My Coronary s	clero	sis		CONDITION GIV	VEN IN PART	T 1(o) 19. WA	ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	b. DESCRIBE HOW INJURY] NO 🔯
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeor	20d. INJURY OCCURRED While Not while of work of work		OF INJURY (Home, , street, office bldg.		or town)	(C	County)	(Stote)
alive an_NOV. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Theres :	s. Whitaker	M.D	curred at 1:30	AM, from t ADDRESS (Str	the causes ar eet, city ar town, Lle, Ma	nd an the	e date state b. nd 11	ed abave
20. BURIAL, CREMATION, REMOVAL (Specify) Burial	11-22-61			al	Balt	imore			Md.
3. FUNERAL DIRECTOR'S S H. W. Jenkin		Co. 4905 Yo	rk Ra		REC'D BY REGISTE OV 22'61		STRAR'S SIC		

TO FUNKAL DIRECTOR: After this certificate has been signed by the attending physician ond completely fill poge 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the registrar priar to burial, cremation, ar remayal, ond in ony event within 72 haurs after death. VS A15 (4) 15M 9/58

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

hours after death. Page 4

Pages 1 and 2 should be filed with



FOR STATE **HEALTH DEP1**

play, are MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. It is delay is necessary, play, are cut in the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to include a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. Tola

> VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Pivistra of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 127

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission
		e. STATE b. COUNTY
Ì	b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL end give neerest town)	
	Ellicott City Rural 8 years d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	X Ellicott City Rural
	Ilchester Road Route #3	Ilchester Road Route #3
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
	(Type or print) HARDEN Washington CH	UMLEY, SR. DEATH NOV. 13 19 61
	- I THE TENT OF THE PROPERTY O	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	Male Whate WIDOWED DIVORCED	2/10/1893 Hours Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	farmer farming	North Carolina United State
Н	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
M	William Chumley	Deleware Galden
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
		s. Alice Chumley Ilchester Road Route #3
	18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
4	A Cute Pu	lmonary Edema 15 minutes
d		
	Conditions, if eny, which gove rise to immediate couse (b) Arterios Lle	rotic Cardio vascular Disease 5 years.
П	(e), steting the underlying DUE TO	
	ceuse lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
	Asthma.	YES NO X-
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Asthma. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	nter neture of Injury in Pert I or Pert II of item 18.)
- 1		CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
	Hour a.m. WhileNot While factor	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	7 1 1	
1	21. I certify that I took charge of the remains described above, he	d an Autopsy , Inspection Inquiry and in my opinion
	death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined manner
	1 12 000	CHIEF MEDICAL EXAMINER
	SIGNATURE Longe Z Deunter	ASSISTANT MEDICAL EXAMINER DATE SIGNED
0		DEPUTY MEDICAL EXAMINER X 11/13/61
	NAME (Type) Common To Down to S. N. D.	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 22b. DATE HEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (Hover dr Dory) (Stote)
1	h 11/15/1/16/16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	13 URIA DIRECTOR ADDRESS	PEMER SALTIMORE MId.
	7 1 0 1 52 5 11 - 1	10 1
k	7. A. NUCR 5305 HARFORD	Rd. DNOV 16'61 Octher & King
-		

E + 1 - 1 0 - 1 - 1 nicit of the state

designation of the continuous states.

_/1 /1

The second of th

THE REPORT OF A SHADE

THE PROPERTY OF STREET

Quality of the first section o

. . . .

i frame

1

11/11 1

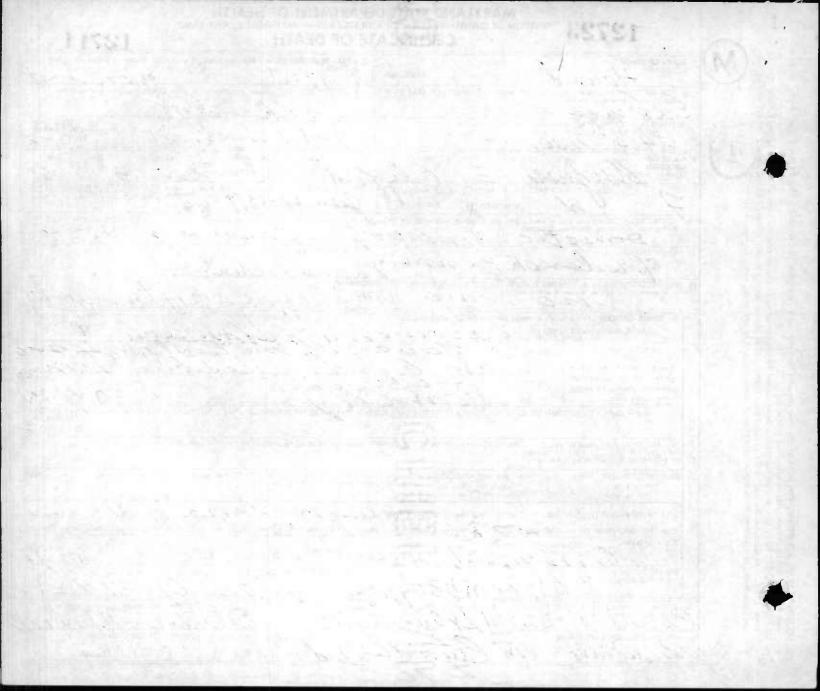
12723

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12711

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY ON TOWN (If outside corporate limits, write REVEAL and give neargest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS d. STREET ADDRESS on A FARM? YES NO DR
3. NAME OF First Middle DECEASED (Type or print) (M. AMATA) F	Los 4. DATE Month Day Year OF DEATH 2007 1961
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Section 19 Section 1 Section
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even_if_relired) 13. FATHER'S NAME	11. BIRTHPLACÉ (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
Herederick Genning	Louise Feldenhauer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	my J. Clifford - 1214 Leedo ave-27
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIB	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO Z
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ED. (Enter noture of injury in Port I or Port II of item 18.) LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) sctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive and that 220. SIGNATURE	death occurred at 92 M, from the causes and an the date stated above. ATTENDING MED. STAFF DIRECTOR STAFF PHYS. 122d. ADDRESS 56 56 11/2 1 1/2 1
230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 23d. IOCATION (City, 16wn, or county) (Stote) Line 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
Marshalf & Son Catonsalle	- Mare NOV 2 4 '61 Orthury S. Kraus

TO HOSP VR A1S (4) 1SM 9/S9



TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute W Certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund, director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yours.

977					N
1	"	7	9	4	
ж,	-		~	A	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2.00	Reg. Dist. No. 2
1. PLACE OF DEATH HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY HOUNTED
b. CITY OR TOWN [If outside corporate limits, write RURAL ond give nearest fown) DOCS DOTSEV	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dorsev
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Rt. 4, Box 423 o. IS RESIDENCE ON A FARM? YES \(\text{NONDEX} \)
3. NAME OF DECEASED (Type or print) WALTER First Middle Frankli	Lost A. DATE Month Day Year OF DEATH
male white WIDOWED DIVORCED	Jan. 14, 1879 P. AGE In years IFUNDER IYEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of wark done) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) retired carpenter	11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Dixon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. III	Margaret Unknown
[Yes, no, or unknown] [If yes, give war or dates of service)	Lydia G. Dixon, Rt. 4, Box 432 27, M
Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAUSE OF DEATH. 122 RIFLE BIRDS	Enter noture of injury in Part I or Part II of item 18.) HOT CARTRIDE
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Your foch of work at work at work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I taak charge of the remains described about death resulted from: Natural causes, Accident, Sui	_M.D. CHIEF MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF ERMOVAL (Specify)	771-md 3
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Howard H. Hubbard 4107 Wilkens Av	re. DATE DEC 4 '61 Cather S. Krous

1

VS. A15ME(5) 5M 9/55

ar remaval.

officers where exp energy from the contract of the region of the TOT, N. ALL MOTHE & ALL AL 2824 -PL-12281 The second second second second second 1 Court evel seem CNU Table 4-19 ALE COL

funeral within 24 hours after filled in by the fi Pages 1 and 2 s urs after death. papers. within carbon and physician гетоме please 5 affending Then requires that the physician. permit. signed by been the 0 certificate hospital as 0 use Ö d detached After DIRECTOR: P dip 3 VR A15 (4) 15M 7/61

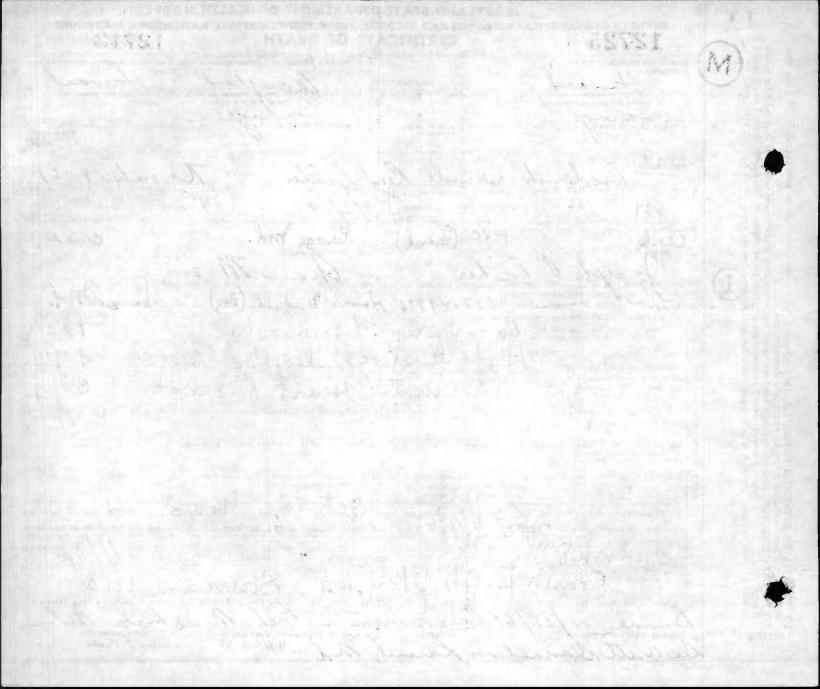
PLACE OF DEATH

a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If Institution: Residence before edmission) e. STATE b. COUNTY MARYLAND Side corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OF a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 4. DATE Day Middle Month OF DEATH 1961 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours Min. WIDOWED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & Stete, or foreign country) ma. Javage Reed Address

b. CITY OR TOWN (if outside corporate limits. write RURAL and give nearest town) d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street eddress) 3. NAME OF DECEASED (Type or print) OR RACE 7. MARRIED 5. SEX 10a. USUAL OCCUPATION (Give kind of work defing most of working life, even if retired) Ker 13. FATHER'S NAME U.S. ARMED FORCES? (Yes, no o unkown) Mi yas give weror detes of service INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gava rise to immediate cause DUE TO (e), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T YES 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m 21. I certify that (I) (this hospital) attended the deceased from ... alive on of about and that death occured at 6.4.M, from the causes and on the date stated above. saw the deceased 225. DATE 22 SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. ADDRESS 22c. PHYSICIAN'S 22d. OF CEMETERY OR CREMATORY LOGATION (C (Steta) 23a. BURIAL, CREMATION DEMOVAL (Specify) NAME 23c. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNAL NOV '61 arthur S. Thous



TO FUNE.

VR A15 (4) 1SM 9/59

,			
1	2	1	2
			_

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12714

	ACE OF DEATH COUNTY			MARY	LAND	2. USU / a. ST	ATE	-	THE MANUAL	lived. If institut		-	e admissi	on)
-		vard	a conten I			CI		yla		4 11-14		ard	and town	
D. 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
-	(Rural)	Ellicott	- 0/ 1	15 yr	S.	X	-	1	ral)	Ellicot	City		10 0000	DENICE
0.	OR INSTITUTION	AL (If not in hospital, g				d. 5	REET ADDRES		5 .		7.11		ON A	
		Frederick	noau	Route 14	4		Freder	- 1					TES [NO 🔣
DE	ME OF CEASED 'pe or print)	Hersche		Middle Yullinnix	Jan	nes	Last		4. DATE OF DEATH	Мо		5tl	y Y	9 61
S. SEX	(6. COLOR OR RACE	7. MARRII	ED A NEVER MARRI		B. DATE C		13/2		9. AGE (In years lost birthdoy)				
7.00	Male	White	WIDOWED	DIVORCE	DO	July	21, 19	904	10.0	57 yrs	Months	Days	Hours	Min.
Sta	te Direc	N (Give kind of work on the life, even if refired tor of Voca				/d.)	Ind	liar	na	untry)	12. CIT		WHATCO	
13. FA	THER'S NAME					14. MC	THER'S MAID							
		Elijah Ja	mes	200				Vic	ola Mu	llinnix		-11		-
15. W. (Yes, no	AS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	ervice)	OCIAL SECURITY NO		FORMAN							ott C	
	No		2]	18-36-8586	Mrs	s. Fe	erol R.	, Ja	mes F	rederic	c Rd.	R. 1	F. D.	. 2
		mediate	A	terios	Yu	/m	on aru	20	ergic Eg	ema ovascu	(ar		2 Y	
-	cause (a), stating t lying cause last.	he under- DUE TO		715 066 7										
CERTIFICATION	PART II. OTH	er significant con	DITIONS <u>Co</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELA	ATED TO THE T	TERMIN	AAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 1	PERFOR	RMED?
	0a. ACCIDENT WA OR CONTRIBUTING F EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	. (Enter r	ature of injur	ry in Po	ort I or Part	II of item 18.)				
MEDICAL 02	C. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	20d. IN While at work	JURY OCCURRED Not while at work			JURY (Home, et, office bldg.			or town)	{(County)		(Stote)
2	1. I certify that	(I) (this haspital) attende	ed the deceased	fram	Nov	1. 5			Nov. 5				
		ed alive an No	00. 2	1961 , and	that de	eath ac	curred of	61	M, fram	the causes a	nd an the	e date		-Tary
	20. SIGNATURE	etre V. H	rost	_	٨	A.D. PHY		MEI	D. ECTOR 🗆	STAFF PHYS.			225	SIGNED
2	2c. PHYSICIAN'S NAME (Type)	Peter 1	/. T	horpe		22d	ADDRESS	201	umk	ia R	I.E	llic	ott (city
	BURIAL, CREMATION REMOVAL (Specify) Burial	11/8/19		23c. NAME OF CEM Crest			ORY			ION (City, town, rd Co.,		and	(Stote)
24. FU	INERAL DIRECTOR'S			ADDRESS		L pull 4	25a.	REC'D	BY REGISTI		ISTRAR'S SI		RE	
6	asten	Human	26 34	once Cato	nsvi.	lle,	Md.	NOV	9 '61		thur S.	Krau	L	

988831 CECE INC. INC. The state of the s acount yoursmile there there To the decided the state of the Terrent Co., Courthant the distribution of the state o

TO HOSPIN TO FUNE

VR A15 (4) 1SM 9/59

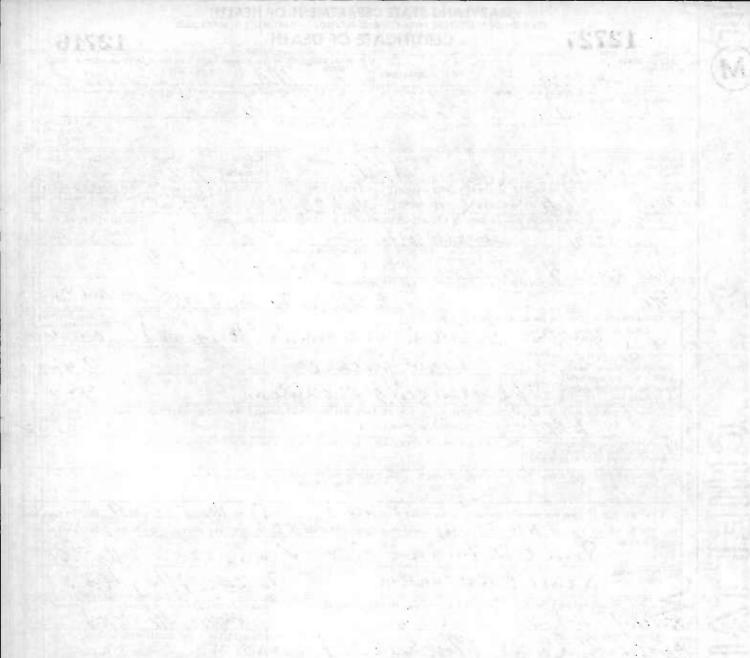
12727

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

211-01-12			AD ICE.		
CE	RTIFI	CA'	TE C	OF D	EATH

DEATH				12716
	10	4 4*	1 45 1 424 42	noted to the

1	PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Regidence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tewn) RURAL and give nearest town) AMUSUALLY C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tewn)
	d. NAME OF ASOSPITAL (If not in hospital, give street oddress) d. STREET-ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) (Type or prin
S	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED ALFR. 26, 1874 9. AGE (In years lost birthdoy) on the birthdoy) of the birthdoy yes. Months Doys Hours Min.
	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Of African Country Coun
	William H. Rinton Harrelt Pickett
19	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PROJECT OF UNKNOWN) (If yes, give war or dates of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate DUE TO DUE T
1401	lying couse lost. (c) prichalized at Reioscologis
ACITA CIBITADO	
14010314	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of twork of twork of two the control of two two the control of two
	21. I certify that (I) (Mis hospital) attended the deceased fram. New 9 1957, to New 5 196/, that (I) (Me) last saw the deceased alive an New 5 196/, and that death accurred at 1 M, fram the causes and an the date stated above.
	220. SIGNATURE Same Okufman M.D. ATTENDING MED. STAFF 11. 7.61 GINED
	22c. PHYSICIAN'S NAME (Type) Sani Okutman 22d. ADDRESS Sykesville, Hd.
2	10. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d to Carlon (City, town, or county) (Stole)
2	Testillo A Atlanta Cappelsoull, Med 250. REC'D BY REDISTRAR 256. REGISTRAR'S SIGNATURE DATE NOV 9 '61 Carring & Knows



FOR STATE HEALTH DEPT

TO E. I'Y MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. Gelay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to menuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 min the State Board 4 Health, or lis designated agent, prior to burial, cremation, or removal, and in any event within 72 thous after death.

VS. A15ME SIGOS 8

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY
Howard MARYLAND	• STATE Maryland b. COUNTY Howard
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Ellicott City	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Ellicott City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS [o. IS RESIDENCE
Beechwood Road	Beechwood Road ON A FARM?
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer
(Type or print) HELEN E.	MORRIS DEATH November 21 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Female White WIDOWED DIVORCED	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during may of working life, even it salired working life, even it salired working life.) 13. FATHER'S NAME THE STATES OF INDUSTRIES OF I	11. BIRTHPLAGE (Stage or foreign country) 12. CITIZEN OF WHAT COUNTRY? W. S. 14. MOTHER'S MAIDEN NAME LIZZIL LITTLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkewn) (Hyesgive war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), I	is heardthy Shaw, 1815 McHENRY
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carbon Monoxide I: Due to	ntoxication.
Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause lest. (b) DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY EL OF CONTRIBUTING Inhalation of fumes	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
	from defective stove.
Hour XXXXXX 33 /00 /3 While Not While I	CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) ory, street, office bldg., atc.) Trailor Ellicott City Howard Md.
21. I certify that I took charge of the remains described above, he	ld an Autopsy X. Inspection . Inquiry . and in my opinion
death resulted from: Natural causes, Accident x, Suic	ide . Homicide . Undetermined manner .
ACTUAL SIGNATURE () halles S. Testes	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
examiner's Charles S. Petty, M.D.	DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE/THEREOF 22c. NAME OF CEMETERY OF	
22 FUNERAL DIRECTOR FIHI 41018 ADDRESS WILLIAM ON DS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DANOV 2 7 '61 Contag S. Thank

Server and the server of the s . For a Sylvanor to note the collection in Links ... in consider the second to the The fill the state of the state

9

TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death ge 4 may be retained by the hospital or attending physician.

S TO FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and compared filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1271 12715

		Aller and the second se							
1. PLACE OF DEAT	Н		2. USUAL RESIDE	INCE (Where dece			ice before edmission)		
**	Howard Maryland			a. STATE Md. Howard					
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	N (If outside corpore	ite limits, write				
	write RURAL end give neerest town) Elkridge X Elkridge								
	TAL OR INSTITUTION (if not in I	hospitel, give street eddress)	d. STREET ADDRES				. IS RESIDENCE		
Shaffer	s Nursing Ho	me					ON A FARM?		
16 Monts	gomery Rd., Ho		3	in St.			YES NO		
NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey	Yeer		
(Type or print)		ifer Pressley		DEATH	Nov.	28,	1961		
. SEX	6. COLOR OR RACE 7. MAR	RIED X NEVER MARRIED 3	. DATE OF BIRTH			F UNDER 1 YEAR			
nale	white widow	WED DIVORCED	Sept. 12,	1869	92 yrs.	Months Deys	Hours Min.		
De. USUAL OCCUPA		. KIND OF BUSINESS OR INDUSTR			4	12. CITIZEN C	F WHAT COUNTRY		
done during most of w retir	orking life, even if retired)	Bookkeeper	Missis	sinni		U. :	S. A.		
3. FATHER'S NAME	eu	DOORRECPEI	14. MOTHER'S MAID	- A A			J. 21.		
Unknow	n Dweggless		Unknow						
		COCIAL CECUDITY NO. 1 47. 1			A 1.1.				
	/ER IN U.S. ARMED FORCES? 1 fyesgive werordetes of service		NFORMANT (W1		Address				
no		none Vi	rginia Pr	essley	5705 M	ain St	. Elkrid		
18. CAUSE OF	DEATH [Enter only one ceuse pe	or line for (e), (b), end (c).	10	0			TERVAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	ander	- 1/20	/acela	or 2	esons.	2,1/20		
1122.	DUE TO		21			-			
922		for 1	710				12-11-		
Conditions, if en		Janet	cry						
(e), steting the	underlying DUE TO								
ceuse lest.) (c)		/						
PART II. OTHI	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY PERFORMED?		
\$						3.5	YES NO		
PART II. OTHI	AS UNDERLYING 20b. D	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Pert I or Pert II of	f item 18.)				
(IF EITHER, NOTIF	MEDICAL EXAMINER)								
20c. TIME OF INJ	URY Month, Dey, Yeer 2D		CE OF INJURY (Home, f		r town)	(County)	(State)		
20c. TIME OF INJ Hour e.m.	-1-1	hile Not While fact	ory, street, office bldg.,	etc.)					
	D I		Saleta	10/6/	210000	2820/1	1 (1) () 1		
- I de la company	E.A.	ended the deceased from.:					that (I) (we) las		
saw the decea	sed alive on 32	2. 1.19 4, and that	death occured at	2.9. M, from t	he causes a	nd on the d			
220. SIGNATURE	2. 6	1 1	ATTENDING	MED.	STAFF		22b. DATE		
11/	Heren	freeway! M	.D. PHYS.	DIRECTOR	PHYS.		11/29/		
22c. PHYSICIAN NAME (Type	1		22d. ADDRESS				/		
HAME (199)	Bruce Brum	baugh, M. D.	5609 M	Main St.	, Elkr	idge,	Md.		
3e. BURIAL, CREMA	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, tow	n or county)	(Stete)		
REMOVAL (Specify	12/1/61	Meadowridge	Cemeters	r Film	idge.	ма Но	ward Co.		
Burial	176/1/01			REC'D BY REGISTRA		ISTRAR'S SIGNA			
4 SINIEDAL DIDECTO	DIC CICNIATURE	ADDRESS							
Howard H		of Wilkens Ave		NOV 3 0 '6'		when I to			

And Parks Mire a long of the More and the second of the More and the second of the sec

Tra Sandidor Pressley

.)

none Winginia results Erro Main St. 11 or Oge

sub-enfin-

the same of the sa

Fruce Brumbaugh, M. D. - 8000 Main St., Elicides, 181.

Twiel 12/1/61 Meadowridge Cemevery elector, To. Howard Co.

Howerd in Elabored 4107 wilkens ave.

, <u>)</u> , u

1 1 1 1 1 1

100.2

AL AR ALL

-buswo H

The Comment

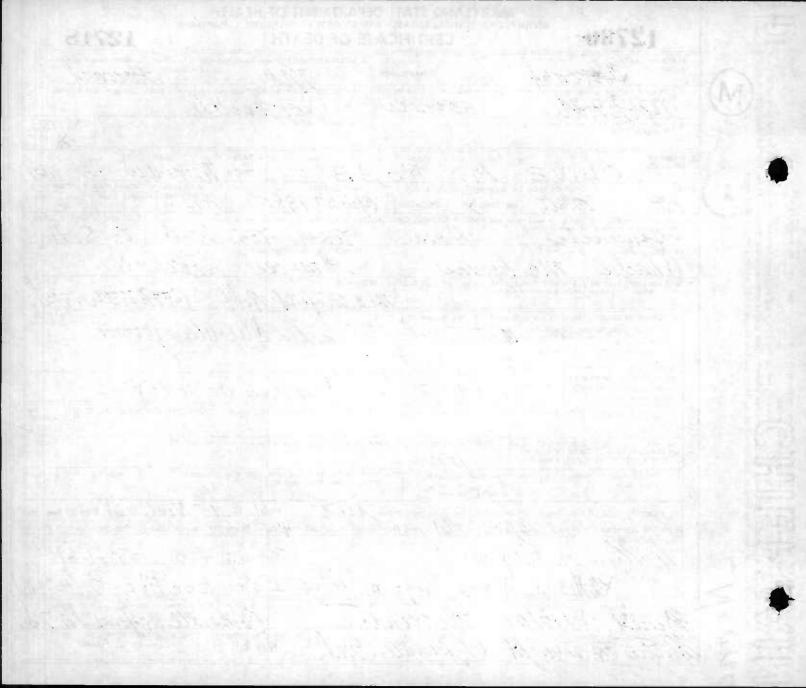
7

interest results

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	12730 CER	TIFICA	TE OF DEATH	T, MARILAND	12718
1.	1. PLACE OF DEATH o. COUNTY HOWAH	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest laws)	TAY IN 16	c. CITY OR TOWN (If outsi	de corporate limits, write RU	RAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) OLIVE M	PO 1	BB Lost 4.	OF THOUCHE	ber 15 1961
	Lyli	ORCED	B. DATE OF BIRTH April 27, 1885	last birthday) (c) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINE during nost of warking life, eyen if retired)	SS OR INDUS	Turskingt	on D.C.	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME (Charles) THE Comas	, l.z.ii	14. MOTHER'S MAIDEN MAN	AE) Free	inle)
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (Yes, no, or unknown) (If yes, give war or dales of service) 18. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), once	711.1	C Telinfield 7	Roff- Ros	heville, Jud
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse lost. (c) (c)	tens	ral Vascular	(accular)	ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED	D. (Enter noture of injury in Parl	t I or Part II of item 18.)	
MEDICA	ZOC. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While of work at work	20e. PL/ fac	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State
			1.		_, 19_62, that (1) (we) last
	22a. SIGNATURE 12c. PHYSICIAN'S 72c. PHYSICIAN'S			STAFF PHYS.	15 Marie 6/ SIGNED
	NAME (Type) William Tames B	ryson	122d. ADDRESS 4605 EC	Amondson A	TVE Balto.29 M
	23G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF THE PROPERTY OF THE PRO	Kend Vend	ree 1	Coloration (City, town, o	Houard B. The
2.	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALLER SHOWERS	ville.	MA DATE NOV		TRAN'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ENT OR HEALTH-BALTIMORE, 18		
RIE OF BEATH	CERTIFICA	12731
principal transfer of the state		
1705 Honteomers ad.		All was some new or 2
for At Buston		Ballet Later 1
10, 10, 18	Total Company	Tomo Let let let
		A STANDARDS
		TO THE UNITED AND
carte Link on 1705 Monterouse Bil		a monthly a limited and a limi
		S. Marian Marian Charles (1997)
No. of the second second second second second second		The state of the s
The state of the s		
	Na Weste	served on banding I full planes \$ 11. on
CONTINUE CONT		e II
	SEC YES	THE PARTY OF THE P
CHARLES AND A STREET, AND ASSOCIATED AND ASSOCIATION OF THE PROPERTY OF THE PARTY O		NOT THE WAY AND DESCRIPTION ASSESSMENT OF THE PARTY OF TH
things of the control	State and the state of	THE REAL PROPERTY AND ADDRESS OF THE PARTY O

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2732	CERTIFICATE OF DEATH

1210	6		CERTIFICA	ATE OF D	EAIH			Reg. D	ist. No	27	20
o. COUNTY Howard			MARYLAND	2. USUAL RESIDI		ere deceased	lived. If instituti b. COUNTY Howa		nce befo	re admis	sion)
b. CITY OR TOWN RURAL and give r Glenelg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Glenelg									
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, o	ive street o	rddress)	d. STREET AD						ON A	SIDENCE A FARM? NO X
B. NAME OF DECEASED (Type or print)	NORVAL GR	ANT	Middle SPURRIER	Last		4. DATE OF DEATH	Mor Nov.	20,19	Do		Year 19
s. sex Male	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	,1909	5	. AGE (In years lost birthdoy) 52 yrs.		R 1 YEAR	IF UND Haurs	ER 24 HRS Min.
0a. USUAL OCCUPATI	rking life, even if retired	done 10b. I	KIND OF BUSINESS OR INDU		CE (State o		intry)	12. CI1	IZEN OI	WHAT	COUNTRY
3. FATHER'S NAME	Spurrier			14. MOTHER'S A							
	ER IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)		seph G.G	Robi	nson,7	109 Ches		St.	NV	V
Canditions, if a gave rise to cause (a), stating lying cause lost.	ony, which (bimmediate) DUE TO)	Acute cardia	combosis	5				ir	ista	nt
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	PERFO	AUTOPSY ORMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in P	art I or Part	II af item 1B.)				
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Doy, Ye	While	JURY OCCURRED Not while at wark	ACE OF INJURY (H ctary, street, affice	ome, form, bldg., etc.)	20f. (City	or tawn)		(Caunty)		(Stote
actual SIGNATURE	lulis	7. W	ad fram Aug. 21 1 , and that death Lower M.D	M.D.	15 P.	M, fram t	he causes an	d an th	e date	e state DA	
REMOVAL (Specify)F	22c. NAME OF CEMETERY C	OR CREMATORY			ON (City, tawn, Springs			(Sto	te)
3. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S S			
F.C. Higinb	othom, Ellic	ott C	ity, Md		VOVETAD	2 4 '61	Chi.	Lun S.	Than	4	

DSISS I THE PROPERTY OF THE PROPERTY OF . ii . the state of the s the late of the second of the Cical vanc.c the state of the s columnia belieful Com